

DUPLICATE

Born in Cleveland ☐ YES ☒ NO

THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE
MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____ Artist John Paul Miller
FIRST NAME LAST NAME
Address 3295 Avalon Road Shaker Heights 20, Ohio Cuyahoga Tel. WY-1-3530
NO. STREET CITY ZONE COUNTY

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR SALE	NUMBER IN EDITION (Graphic Prts.)	PRICE	TITLE	MEDIUM	CLASS	DO NOT WRITE IN THESE COLUMNS
NFS			"Argonaut" Pendant-brooch <i>lent</i> Loaned by Mrs. Viktor Schreckengost	18K gold & enamel	10	2238 ✓
NFS			"Cephalopod" Pendant-brooch <i>lent</i> Loaned by Mrs. Julian Kassen	18K gold	10	2239 ✓
1		\$450 + tax	"Fragment" Brooch <i>JM</i>	18K gold	10	2240 ✓
1		\$1500 + tax	"Hylida" Pendant-brooch	18K gold & enamel	10	2241 ✓
1		\$125 + tax	Earrings	18K gold	10	2242 ✓

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed.
Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the
Museum will have the right to dispose for its own account any entry not called for by
July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed
in this entry blank.

John Paul Miller
SIGNATURE